



COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE

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JULIANNE M. BOWLER
COMMISSIONER OF INSURANCE

**Application for a “Certificate of Authority” to Offer Home
Warranty Contracts in the Commonwealth of Massachusetts**

To: The Office of the Commissioner of Insurance

Application is hereby made for a Certificate of Authority pursuant to M.G.L. Chapter 175 Section 149H, and in support thereof, the following information and documentary evidence is submitted for review:

[1] What is the type of organization (corporation, association, etc.)? : _____

[2] Name of Organization: _____
Federal Employers ID #: _____

[3] Street Address: _____
City / State / Zip: _____
Telephone Number: _____ FAX Number: _____
E.Mail Address: _____ Toll Free Number: _____

[4] Applicant Home Office Address:
Street Address: _____
City / State / Zip: _____
Telephone Number: _____ FAX Number: _____
E.Mail Address: _____ Toll Free Number: _____

[5] Name of Attorney or Principal filing this application: _____
Street Address: _____
City / State / Zip: _____
Telephone Number: _____ FAX Number: _____

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(Continued)

- [6] _____ A copy of all basic organizational documents of the applicant, including but not limited to the Articles of Incorporation, Articles of Association, or other applicable documents and all amendments to such articles and documents.
- [7] _____ A copy of all by-laws, rules, or other similar documents that regulate the conduct of the internal affairs of the applicant as well as all amendments to such by-laws, rules and documents.
- [8] _____ A list of the names, addresses, and official titles of all persons who are responsible for the conduct of the affairs of the applicant, including all members of its governing board and principal officers. The NAIC Biographical Affidavit Form is an acceptable vehicle for this.
- [9] _____ A financial description of the applicant, including but not limited to; a current financial statement showing the applicant’s assets, liabilities, income, expenses, and other sources of financial support. This description should also include the most recent fiscal year year-end financial statement including a balance sheet and statement of operations prepared in accordance with generally accepted accounting principles and certified by an independent certified public accountant.
- [10] _____ A copy of each type of “Home Warranty Contract” that is to be issued to prospective subscribers as well as a schedule of contract fees for each type of “Home Warranty Contract”.
- [11] _____ Information concerning any administrative proceedings or investigations conducted concerning the applicant by regulatory authorities in any state or by any federal authority. In addition, provide a schedule of “Claims in Suit”. This schedule relates only to contract holders suits against the company.
- [12] _____ The name and address of a Massachusetts resident who is an agent for service of process and upon whom notices or orders of the Commissioner of Insurance or process issued at her discretion may be served.
- [13] _____ A nonrefundable application fee of \$ 1,000.00 made payable to “The Commonwealth of Massachusetts Division of Insurance”.
- [14] _____ A Surety Bond, in the amount of twenty-five thousand dollars, must be filed with Commissioner of Insurance before a Certificate of Authority will be issued. (M.G.L. Chapter 175 Section 149I)
- [15] _____ Each application for a Certificate of Authority, as a Home Warranty Company under M.G.L. Chapter 175 Section 149H, shall be certified by the applicant or authorized representative of the applicant.

Any questions on this application should be directed to Robert C. Macullar, Supervising Examiner, at (617) 521-7398 or Robert.Macullar@state.ma.us .